



The Montana Milestones Part C/Early Intervention program has five principle goals, reiterated in the Individuals with Disabilities Education Act (IDEA). They include:

- Enhance the development of infants and toddlers with disabilities;
- Reduce the educational costs to society by minimizing the need for special education and related services;
- Maximize the potential for individuals with disabilities to live independent lives in society;
- Enhance the capacity of families to support the development of their children; and,
- Enhance states' ability to coordinate funding to provide services for infants and toddlers with disabilities.

In addition to these central goals, families enrolled in the Early Intervention program receive numerous services depending on the specific needs of their child. They may include:

- Nutrition services
- Occupational therapy
- Physical therapy
- Psychological services
- Speech-language pathology and audiology services
- Vision Services
- Developmental screenings, evaluations and ongoing assessments
- Assistive Technology
- Social Work services
- Other specialized services facilitated by the family's Family Support Specialist

In Montana, the Montana Milestones Part C/Early Intervention Program fulfills the federal *Individuals with Disabilities Education Act (IDEA)*, Part C (Early Intervention Program for Infants and Toddlers with Disabilities). This document outlines the intent and requirements of Montana's Early Intervention system.

- The Mission of Early Intervention for Children with Disabilities
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Help Me Grow Early Intervention Program

Overview

In Ohio, the Help Me Grow Early Intervention Program fulfills the federal *Individuals with Disabilities Education Act (IDEA)*, Part C (Early Intervention program for Infants and Toddlers with Disabilities). This document outlines the intent and requirements of Ohio's Early Intervention system.

The Mission of Early Intervention for Children with Disabilities

Early intervention builds upon and provides supports and resources to assist family members and caregivers to enhance children's learning and development through everyday learning opportunities.

To realize this mission, the Early Intervention (EI) system is built upon seven key principles:

1. Infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar contexts;
2. All families, with the necessary supports and resources, can enhance their children's learning and development;
3. The primary role of a service provider in early intervention is to work with and support family members and caregivers in children's lives;
4. The early intervention process, from initial contacts through transition, must be dynamic and individualized to reflect the child's and family members' preferences, learning styles and cultural beliefs;
5. IFSP outcomes must be functional and based on children's and families' needs and family-identified priorities;
6. The family's priorities, needs and interests are addressed most appropriately by a primary provider who represents and receives team and community support; and
7. Interventions with young children and family members must be based on explicit principles, validated practices, best available research, and relevant laws and regulations.

[Workgroup on Principles and Practices in Natural Environments, OSEP TA Community of Practice: Part C Settings. (2008, March). *Agreed upon mission and key principles for providing early intervention services in natural environments.* (ectacenter.org/~pdfs/topics/families/Finalmissionandprinciples3_11_08.pdf)]

Federal Early Intervention Law

The Intent of the Law

In the 2004 re-authorization of the federal IDEA law, which includes both Part C (early intervention) and Part B (special education, both preschool and school age), the United States Congress asserted:

“Disability is a natural part of the human experience and in no way diminishes the right of individuals to participate in or contribute to society; and improving educational results for children with disabilities is an essential element of our national policy of ensuring equality of opportunity, full participation, independent living, and economic self-sufficiency for individuals with disabilities.” [Public Law 108-446, Section 601(c)(1)]

Moreover, in the Individuals with Disabilities Education Act Part C, Congress acknowledged an urgent and substantial need to:

- Enhance the development of infants and toddlers with disabilities;
- Reduce the educational costs to our society by minimizing the need for special education and related services;
- Maximize the potential for individuals with disabilities to live independently in society;
- Enhance the capacity of families to support the development of their children; and
- Enhance states’ ability to coordinate funding to provide services for infants and toddlers with disabilities.

[Public Law 108-446, Section 635(a)(1)- (5)]

Provisions of the Law

The key components of the Part C Early Intervention law include:

- Child Find through early identification of needs;
- Eligibility determination conducted by a team that includes parents and professionals from multiple disciplines who uses various pieces of information across all developmental domains, including hearing, and vision;
- A service coordinator as the key contact for the family who has responsibilities to work on behalf of the family and child through eligibility determination, Individualized Family Service Plan (IFSP) development, and service access, provision, and monitoring;
- Services that occur in natural environments, or in locations where typically developing children are within everyday routines, activities, and with familiar people;
- Parents have rights in the program and procedural safeguards are in place through rule and in accordance with the federal law; and
- Early Intervention services are provided by qualified personnel through an IFSP to address outcomes.



The full text of the law can be found online (idea.ed.gov/download/statute.html), as can the accompanying regulations (www.gpo.gov/fdsys/pkg/FR-2011-09-28/pdf/2011-22783.pdf). In Ohio, these requirements are met by the Help Me Grow EI Program.

Ohio and Early Intervention

Over the last four years, the Ohio Department of Health (ODH), the Part C lead agency, and the Ohio Department of Developmental Disabilities (DODD) have engaged stakeholders in discussions about the intent and requirements of IDEA, the research and literature about the evidence for best practice in providing EI services, and the process for creating and articulating a clear, unified, consistent message for the provision of early intervention services.

Ohio's vision for improving the EI system largely comes from the recommendations made by the 2010 Part C Review stakeholder group, which include the mandates of the Federal law as well as the evidence for effective interventions. The recommendations include:

- A. All Part C/EI Services will be strength- and relationship-based: Providers of services will listen to families and plan interventions based on conversations about what is already being done, what is working and family priorities; a range of levels of support based on individual need will be available to families;
- B. The Part C lead agency will assure that every family and their child who is eligible for Part C/EI services shall have access to federally mandated, evidence-based EI services through a core team of professionals (defined as a minimum of a Service Coordinator, Physical Therapist, Occupational Therapist, Early Intervention Specialist, and Speech Therapist);
- C. Maximize existing federal, state, and local funding, and leverage additional funding to assure access to federally mandated EI services and implement these recommendations;
- D. The Ohio Part C lead agency will create a comprehensive, ongoing workforce development strategy for Part C/EI in partnership with other early childhood efforts in the state;
- E. Given the importance of supporting families in raising their children with disabilities, Ohio's Part C/EI system must ensure family support services and the availability of family-to-family support statewide;
- F. Provide consistent materials and messages statewide (child development, making referrals, enhancing social-emotional development, etc.); and
- G. The Ohio Part C program will develop a statewide system to ensure family accessibility to core team services, regardless of the political subdivision where families reside.

The full text of the recommendations is available online

(www.helpmegrow.ohio.gov/~media/HelpMeGrow/ASSETS/Files/Professionals%20Gallery/HMG%20Early%20Intervention/Ohio%20PartC%20Review%202010.ashx).



With time and support, Ohio's EI system will embody all seven components of this vision – with all of the state-led training, technical assistance, communication, guidance, and rule revision advancing the work to achieve and sustain the key principles.

In 2012, ODH and DODD began articulating and planning Ohio's EI work using a Project Management Plan (www.healthtransformation.ohio.gov/LinkClick.aspx?fileticket=BOIPLd7qmaM%3D&tabid=119).

Additionally, many communities in Ohio have been working hard to shift their practices to those aligned with the above key principles.

Moving forward, ODH and DODD will provide training and technical assistance to support continued movement of all current and potential service providers in shifting practices to meet the federal requirements for EI services. In addition, ODH and DODD will provide guidance to assist local Help Me Grow EI systems with mechanisms for articulating these requirements within their communities and connecting with providers who currently do not participate in the IFSP process.

Early Intervention Services

EI services are services which meet the federal requirement under IDEA, including the services that are:

1. Developed based on information obtained through the EI evaluation and assessment team process [34.C.F.R.303.321] utilizing the Individualized Family Service Plan (IFSP) [34.C.F.R.303.344];
2. Occurring in natural environments, or in locations where typically developing children are within everyday routines, activities, and with familiar people [34.C.F.R.303.26]);
3. Provided by qualified personnel as determined by the Early Intervention lead agency (ODH) and defined in [34.C.F.R.303.31]; and
4. Provided in a manner that supports the research and evidence for how very young children learn best: within the contexts of their families and caregivers, daily routines and natural environments.

[Workgroup on Principles and Practices in Natural Environments, OSEP TA Community of Practice: Part C Settings. (2008, March). *Agreed upon mission and key principles for providing early intervention services in natural environments.* ectacenter.org/~pdfs/topics/families/Finalmissionandprinciples3_11_08.pdf]

Therefore, EI services are those which align with the key principles in order to equip parents with the confidence and competence to enhance their child's development.

